

Los Angeles County Dept. of Mental Health

Student Professional Development Program

2016-2017 Academic Year

Complete this form for each discipline to be placed at this agency:

- ☐ Psychology
☐ Practicum
☐ Clerkship/Internship
☐ Externship
☒ Social Work
☐ Specialization: _____
☐ Macro/Administrative
☐ MFT
☐ Occupational Therapy
☐ Other (specify): _____

Service Area

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DMH Agency:	Women's Community Re-Integration and Education Center
DMH Agency Address:	8300 Vermont Los Angeles, CA
Agency Liaison:	Monica Turner
New or Returning	<input type="checkbox"/> New <input checked="" type="checkbox"/> Returning
Liaison Email Address:	Mjturner@lasd.org
Liaison Phone Number:	213-473-6156
Liaison Fax Number:	
Agency ADA Accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No" Identify: _____

Student Requirements:

How many positions will you have?	3
Beginning and ending dates:	9/2016 to 6/2017

Specific days and times you prefer students to be available (also indicate hours that are available for students to provide services): **No Preference –program operates 5 days per week**

Monday	8:00am – 4:00pm
Tuesday	
Wednesday	8:00am – 4:00pm
Thursday	
Friday	8:00am – 4:00pm

Specific days and times **mandatory** that students are available for staff meetings, training seminars, supervision, etc. Please indicate SM (Staff Meeting), TR (Training), SUP (Supervision)

Monday	9 am
Tuesday	
Wednesday- SUP, SM	9 am
Thursday	
Friday	9 am
Total hours expected to be worked per week:	16 hours – 1 st year; 20 hours – 2 nd year
How many clients would the student have at one time?	5-8
What cultural groups and language services are	Women consisting of all racial , ethnic, religious

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provided at your site?	and socioeconomic status
What is the timeline that you expect a student to commit to (e.g. a full year including holidays; academic year; semester)?	Academic year, excluding holidays.

Provide a short description of your site and services offered:

Community Mental Health Center providing intensive services in the community.
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Students will provide services for (please check all that apply):

<input checked="" type="checkbox"/> Individuals	<input type="checkbox"/> Consultation/Liaison
<input checked="" type="checkbox"/> Groups	<input checked="" type="checkbox"/> Psycho-Educational Groups (e.g. Parenting)
<input checked="" type="checkbox"/> Families	<input checked="" type="checkbox"/> Community Outreach
<input type="checkbox"/> Children 0-5	<input type="checkbox"/> FSP
<input type="checkbox"/> Children & Adolescents	<input type="checkbox"/> FCCS
<input checked="" type="checkbox"/> Adults	<input type="checkbox"/> Specialized Foster Care
<input type="checkbox"/> Older Adults	<input type="checkbox"/> AB109
<input type="checkbox"/> Court/Probation referred	<input type="checkbox"/> Veterans

Evidenced Based Practices/Promising Practices offered at your agency:

<input type="checkbox"/> Child-Parent Psychotherapy	<input type="checkbox"/> Seeking Safety
<input type="checkbox"/> Crisis Oriented Recovery Services	<input type="checkbox"/> Trauma Focused Cognitive Behavioral Therapy
<input type="checkbox"/> Dialectical Behavior Therapy	<input type="checkbox"/> Triple P – Positive Parenting Program
<input type="checkbox"/> Families Over Coming Under Stress	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Managing and Adapting Practices	<input type="checkbox"/> Other (Specify)

Students will provide (please check all that apply):

<input checked="" type="checkbox"/> Brief Treatment	<input checked="" type="checkbox"/> Screening and Assessment
<input checked="" type="checkbox"/> Long – Term Treatment	<input checked="" type="checkbox"/> Crisis Intervention
<input type="checkbox"/> For Psychology Students Only: Testing percentage: Treatment percentage:	

What are the most frequent diagnostic categories of your client population?

Schizophrenia, Bipolar, Major Depression, Substance Induced D/O, Substance Abuse
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What specific training opportunities do students have at your agency?

Monthly didactics, case presentations, seminars, touring mental health agencies

What theoretical orientations will students be exposed to at this site?

Recovery Model

Do students have the opportunity to work in a multidisciplinary team environment? If so, please list professionals/paraprofessionals who work as a part of your staff.

Psychology, psychiatry, nursing , social work

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Does your agency have Peer Specialists or Service Extenders providing services?

Yes ☐

No ☐

List locations where students will be providing services **other than agency?**

Women's Jail for "in reaching"

Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes?

Yes ☐

No ☒

Supervision:

What types of supervision will you provide for the students and what is the expected licensure and discipline status of the supervisor? Please specify.

Type	Hours Per Week	Supervisor Degree/License
Individual	1.5	LCSW
Group	1	LCSW
Individual & Group		

Do you have one or more staff, who is licensed by:

☒ California Board of Psychology

☒ California Board of Behavioral Sciences

☒ California Board of Medical Examiners

Does your agency provide the student with the following minimum training experiences?

A. One hour of direct individual or group experience with an on-site licensed staff?

Yes ☒

No ☐

B. Weekly staff meetings

Yes ☒

No ☐

C. In-service training experiences, e.g. reading, didactic training seminars, professional presentations and case conferences?

Yes ☒

No ☐

Students will be evaluated through (please check all that apply):

<input checked="" type="checkbox"/> Direct observation by clinical staff of student's clinical work	<input type="checkbox"/> Review of audio or video recording of student's sessions
<input checked="" type="checkbox"/> Report of clinical work in supervision	<input checked="" type="checkbox"/> Review of student's written clinical notes
<input checked="" type="checkbox"/> Co-facilitation of groups/sessions with clinical staff	<input type="checkbox"/> Other (specify):

Selection of Students:

After Director of SPDP approval, are all students free to call you to set up interviews?

Yes ☒

No ☐

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Do you require that the school's Director of Clinical Training/Field Education select the candidate(s) your site will interview from our student body?

Yes ☒

No ☐

Does your agency prefer the student to work from a particular theoretical orientation?

Yes ☐

No ☒

If yes, please specify: _____

Does your agency require a particular range of previous experience or specific prerequisite coursework? If so, please explain.

No

Agency Application Process

Does your agency have any formal application process required of students beyond what is listed above?

Yes ☒

No ☐

If yes, please specify

Students may apply through DMH , for 2nd yr students include a resume. If there are a large number of applicants only a few will then be asked for an interview based on their application packet. Those finally asked for an interview will have a panel of social workers to make a determination for placement.

Please specify dates your agency accepts students Academic year commencing August - June

Supervision will be in compliance with professional standards established by the following:

☐ APPIC

☐ AAMFT

☒ NASW

☐ Other (specify): _____

I confirm that my supervisor has approved participation in the SPDP.

Please acknowledge this by checking the following box ☐

DMH Staff completing this form: Name: Monica Turner Title: PSW II

Supervisors: Name: _____ Title: _____

Date of Completion: _____